

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1122876

01/01/2008 THRU 08/31/2008

AMERI-LINE INC
PO BOX 965
COLUMBIA STA OH 44028-0965

ohjobwc.com

Marsha P. Ryan
ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED